

03-07-05  
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7590

12/07/2004

Harris Zimmerman  
Law Offices of Harris Zimmerman  
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1330 Broadway  
Oakland, CA 94612-2506

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Jennifer Lynx	(Depositor's name)
<i>Jennifer Lynx</i>	(Signature)
March 3, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/880,397

06/12/2001

Denny Jaeger

4167/CIP

7138

TITLE OF INVENTION: ARROW LOGIC SYSTEM FOR CREATING AND OPERATING CONTROL SYSTEMS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$300	\$1670	03/07/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
ROSWELL, MICHAEL	2173	715-767000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Harris Zimmerman

2 \_\_\_\_\_

3 \_\_\_\_\_

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

03/08/2005 MBIZUNE2 00000122 260265 09880397

01 FC:1501  
02 FC:1504415.00 DA  
300.00 DA

985.00 DP

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

**4a. The following fee(s) are enclosed:**☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies \_\_\_\_\_**4b. Payment of Fee(s):**☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 26-0265 (enclose an extra copy of this form).**5. Change in Entity Status (from status indicated above)**☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Harris Zimmerman*Date 3/3/05

Typed or printed name

Harris ZimmermanRegistration No. 16,437

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